



## ALSRA Registration Form 2019-20

ATHLETE NAME (S)	DOB	AGE GROUP	USSA#

### PARENT/GUARDIAN INFORMATION

NAME:	PHONE/CELL:
EMAIL:	
ADDRESS:	

### INSURANCE INFORMATION

NAME:	POLICY #:
PHONE:	

MIGHTY MITES	\$250 for first athlete*	\$ _____
	\$175 x each additional athlete*	\$ _____
HIGH SCHOOL	\$250 for first athlete	\$ _____
	\$175 x each additional athlete	\$ _____
TOTAL TRAINING FEES:		\$ _____

CHECKS MADE PAYABLE TO: ALSRA

**MEMBERSHIP DOES NOT COVER SEASON PASS!**

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

Office Use Only:  
RECEIVED BY: \_\_\_\_\_ CASH/CHECK # \_\_\_\_\_ DATE: \_\_\_\_\_